STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

MAILING ADDRESS: 36 FIFTH ST.	Please check the appropriate box and fill in the District number.
CITY: 018 Town, ME.	Member of the Senate, District
ZIP CODE: 64464	
PHONE NUMBER: _201 - 137 - 4325	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COP	Y OF THIS	STATEMENT	FOR YOUR F	ILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic
. <u> </u>		Activity of Employer
*		,
income. If associated wi	ED FROM SELF-EMPLOYMENT. (For Let ess of your business, if any, and list the major are the partnership, firm, professional association,	teac of accompania potinity, form and the second
coolonic activity of that	entity.	the state of the s
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
<u> 3000</u> E		(Partielant), association of similar dusiness entity)
 Name each source of inco \$1,000, whichever is greaterived such income. If the 	ome derived from self-employment that represent ater, and specify the principal type of economic this form of disclosure is prohibited by law rule	activity of the entity or person from whom you
 Name each source of inco \$1,000, whichever is greaterived such income. If the 	ome derived from self-employment that represent ater, and specify the principal type of economic this form of disclosure is prohibited by law, rule type of economic activity of the entity or person	ats more than 10% of your gross income or activity of the entity or person from whom you, or an established code of professional ethics, in from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
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<u>. </u>		
RT V. DISCLOSURE OF REI 00 or more that you received durin ist loans from a relative. If none, s	lg the reporting period, and list the maid	names of creditors for any unsecured loans or areas of economic activity of each creditor.
we round from a relative. If flone, s	o state.	
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
SUTU		reavity of Caeditor
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T VI. DISCLOSURE OF GIF	TS. Name the specific source of each	
T VI. DISCLOSURE OF GIF egate value of more than \$300 from	TS. Name the specific source of each a single source. If none, so state. 3.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from	TS. Name the specific source of each a single source. If none, so state. 3.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from T VII. DISCLOSURE OF HO d to your official duties. If none, s	TS. Name the specific source of each a single source. If none, so state. 3. 4. NORARIA. List the source of any hostate.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from T VII. DISCLOSURE OF HO d to your official duties. If none, s	TS. Name the specific source of each a single source. If none, so state. 3. 4. NORARIA. List the source of any hostate.	gift of more than \$300. Include gifts with
T VI. DISCLOSURE OF GIF egate value of more than \$300 from T VII. DISCLOSURE OF HO d to your official duties. If none, s	TS. Name the specific source of each a single source. If none, so state. 3. 4. NORARIA. List the source of any ho state. 3. 3.	gift of more than \$300. Include gifts with

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4 × 4 6 × C	n excess of \$1,000 during the reporting period. If none, so state.		
	2		
PART X. INCOME RECEIVED BY MEMBERS OF IN	MEDIAȚE FAMILY.		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child(ren) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).			
Type of Economic Activity Representing Each Source of Income Received	Kind of Income		
2			
3	t mile		
4			
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The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)